

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1957

318

1003

State File No. 37859
Registrar's No. 9741

| | | | | | |
|--|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (in this place) St. Louis | | c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3/ St. Louis State Hospital | | | | e. STREET ADDRESS (If rural, give location) 5400 Arsenal Street | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Alice | | b. (Middle) Ward | | c. (Last) Miller | |
| 4. DATE OF DEATH Oct. 14, 1957 | | 5. SEX Female | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH Jan. 18, 1878 | | 9. AGE (In years last birthday) 79 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME George Ward | | 13b. MOTHER'S MAIDEN NAME Sally Bond | |
| 14. NAME OF HUSBAND OR WIFE XXXXXX | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NONE | |
| 17. INFORMANT'S SIGNATURE OR NAME St. Louis State Hospital Records | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral vascular accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331x | | INTERVAL BETWEEN ONSET AND DEATH 1 hour | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from May 2, 1927, to October 14, 1957, that I last saw the deceased alive on October 14, 1957, and that death occurred at 5:25 p.m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Cecelia Mae Ward | | 23b. ADDRESS (Degree or title) 5400 Arsenal St. | | 23c. DATE SIGNED 10-17-57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 10-18-1957 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo. | | 24e. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker | | 24f. ADDRESS 4106 Manchester | |
| DATE REC'D BY LOCAL REG. 10-18-57 | | REGISTRAR'S SIGNATURE Paul Smith | | (Licensed Embalmer's Statement on Reverse Side) | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

123456789

1011121314

1516171819

202122232425

262728293031

323334353637

3839404142

4344454647

4849505152

53

545556575859

6061626364

6566676869

7071727374

757677787980

8182838485

8687888990

9192939495

9697989900

0102030405

0607080910

11121314151617181920

STATEMENT BY LICENSED EMBALMER

2122232425262728293031

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *VE Morris*

Licensed Embalmer No. *336*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.